

## ARMSTRONG TEASDALE LLP

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE  
 UNITED STATES PATENT AND TRADEMARK OFFICE**

Date: July 11, 2003

|                                  |   |                                    |
|----------------------------------|---|------------------------------------|
| <b>Examiner:</b> Josiah C. Cocks | : | <b>RE:</b> U.S. Patent Application |
| <b>Art Unit:</b> 3743            | : | <b>Serial No.:</b> 09/682,622      |
| <b>Fax:</b> (703) 872-9302       | : | <b>Applicant:</b> Daniel Canon     |
| <b>From:</b> Thomas M. Fisher    | : | <b>Atty. Dkt. No.:</b> 9D-RG-19584 |

**DOCUMENTS SUBMITTED WITH TRANSMISSION:**

*Amendment Transmittal (3 pgs.); Amendment in Response to Office Action dated April 11, 2003 (8 pgs.); Submission of Marked Up Claims (2 pgs.); & Certificate of Transmission via Facsimile (1 pg.)*

*Total pages including cover page: 14  
 If all pages are not received, please contact: Michele at Ext. 7321*

*RE: The above referenced U.S. Patent Application  
 Title: FLAME BURNER IGNITION SYSTEM  
 Filed: September 28, 2001*

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9302 on the date shown below.

Date: Thomas M. Fisher

  
 Thomas M. Fisher, Reg. No.: 47,564

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**GROUP 3700**

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PATENT  
Attorney Docket No.: 9D-RG-19584

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                                      |   |                            |
|--------------------------------------|---|----------------------------|
| Applicant: Daniel Canon              | : | Art Unit: 3743             |
| Serial No.: 09/682,622               | : | Examiner: Cocks, Josiah C. |
| Filed: September 28, 2001            | : |                            |
| For: FLAME BURNER IGNITION<br>SYSTEM | : |                            |
|                                      | : |                            |
|                                      | : |                            |

**Mail Stop: Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**TRANSMITTAL**

- Transmitted herewith is: Amendment in response to Office Action dated April 11, 2003 (8 pgs.); Submission of Marked Up Claims (2 pgs.); and Certificate of Facsimile Transmittal.

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**STATUS**

JUL 11 2003

- Applicant
 

|                                     |                               |
|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | claims small entity status.   |
| <input type="checkbox"/>            | is other than a small entity. |

**GROUP 3700**

**CERTIFICATE OF MAILING/TRANSMISSION**

I hereby certify that this correspondence is, on the date shown below, being:

MAILING  
deposited with the United States Postal Service Express  
Mail Label No. addressed to the Commissioner for  
Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: July 11, 2003

FACSIMILE  
 transmitted by facsimile to the Patent and  
Trademark Office  
Facsimile No.: (703) 872-9302

  
Thomas M. Fisher  
Reg. No. 47,564

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below.)

| Extension for response<br>within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| first month                       | \$ 110.00                      | \$ 55.00                            |
| second month                      | \$ 410.00                      | \$ 205.00                           |
| third month                       | \$ 930.00                      | \$ 465.00                           |
| fourth month                      | \$1,450.00                     | \$ 725.00                           |
| fifth month                       | \$1,970.00                     | \$ 985.00                           |

Fee: \_\_\_\_\_ \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

OR

- (b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)   |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY                 | OTHER THAN<br>SMALL ENTITY |
|--|-------|---------------------------------------|------------------|------------------------------|----------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT          |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE<br>OR | ADDITIONAL<br>RATE FEE     |
| TOTAL  | MINUS |                                       | =                | x \$9 = \$                   | x \$18 = \$                |
| INDEP.   | MINUS |                                       | =                | x \$42 = \$                  | x \$84 = \$                |
| <u>— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u> |       |                                       | + \$140 = \$     |                              | + \$280 = \$               |
|  |       |                                       |                  | TOTAL ADDITIONAL<br>FEE \$   | OR                         |
|  |       |                                       |                  |                              | TOTAL ADDITIONAL<br>FEE \$ |

(a)  No additional fee for Claims is required

**OR**

(b) \_\_\_\_\_ Total additional fee for claims required \$

### FEE PAYMENT

5. \_\_\_\_\_ Attached is a check in the sum of \$\_\_\_\_\_

\_\_\_\_\_ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.  
A duplicate of this transmittal is attached.

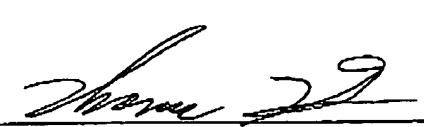
### FEE DEFICIENCY

6.  If any additional extension and/or fee is required; charge Deposit Account No. 01-2384.

### AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. \_\_\_\_\_ Other:

  
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 Reg. No.: 47,564  
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 314/621-5070